ORDER FOR SUPPLIES AND SERVICES				IMPORTANT See instructions in GSAR 553.370-300-1 for distribution		PAGE 1 OF 1 PAGE(S	
		2. ORDER GST0510E	NUMBER 8M0126	3. CONTRACT NUMBER GS00Q09BGD0039		4. ACT NUMBER A22123567	
FOR	5. ACCOUNTING CLASSIFICATION				6. FINANCE DIVISION		
GOVERNMENT USE ONLY	FUND 299X	ORG CODE A05VR112	B/A CODE F6	O/C CODE 25	AC	SS	VENDOR NAME
	FUNC CODE C01	C/E CODE H08	PROJ /PROS. NO.	CC-A	MDL	FI	G/L DEBT
	W/ITEM	СС-В	PRT./CRFT		Al	LC	DISCOUNT
7. TO: CONTRACTOR (Name, address and zip code) (b) (4) (b) (4) (c) (4) (c) (4) (c) (6) (d) (6) (d) (d) (6) (d) (d) (d) (d) (d) (d) (d) (d) (d) (e) (d) (d) (f) (d) (d) (f) (d) (d)					8. TYPE OF ORDER REFERENCE YOUR B. DELIVERY		REFERENCE YOUR
					D. DELIVERY Please furnish the following on the terms specified on both sides of the order and the attached sheets, if any, including delivery as indicated.		
					This delivery order is subject to instructions contained on this side only of this form and is issue subject to the terms and conditions of the above numbered contract.		
<i>5</i> /(1/					C. MOD FICATION NO. 00 TYPE OF MODIFICATION:		AUTHORITY FOR ISSU NG
9A. EMPLOYER'S DENT FICATION NUMBER 9B. CHECK, 1				F APPROP WITHHOLD	Except as provided herein, all terms and conditions of the original order, as heretofore modified, remain unchanged.		
10A. CLASS FICATION B. Other than Small Business					10B. TYPE OF BUSINESS ORGANIZATION C. Corporation		
GSA FTS Region 5 Mara Shultz 1710 Corporate Crossing, Suite 3 O Fallon, IL 62269-3734 United States (618) 622-5808			GRATED SYSTEMS INC OOR 2W	13. SHIP TO (Consignee address, zip code and telephone no.) Michael M Anthony 402 Scott Drive, Unit 2A2 Scott AFB, IL 62225 United States (618) 229-4511			
14. PLACE OF NSPECTION AND ACCEPTANCE       15. REQUISITION OFF         Michael M Anthony       Wendi M. Borrenpohl         402 Scott Drive, Unit 2A2       GSA Region 5         Scott AFB, IL 62225       1710 Corporate Crossing         United States       O Fallon, IL 62269         United States       (618) 622-5806					ICE (Name, symbol and telephone n	10.)	
16. F.O B. PO NT 17. GOVERNME NO.			RNMENT B/L	18. DELIVERY F.O.B. PO NT ON OR BEFORE 09/20/2011		19. PAYMENT/DISCOUNT TERMS NET 30 DAYS / 0 00 % 0 DAYS / 0 00 % 0 DAYS	
Refer to attached continu	ation page for deta	ails of award a	and funding.	Weapon System Support	CHEDULE for United States Transportation Col	mmand (USTRANSCO	M) award.
ITEM NO.	SUPPLIES OR SERVICES (b) (4)				(4)		
(A)	Base Period Ceili	ing Price	(B)				
21. RECEIVING OFFICE (Name, symbol and telephone no.) HQ AMC/A4, (618) 229-4511						TOTAL From	
22. SHIPPING POINT 23. GROSS S Specified in QUOTE			HIP WT.		300-A(s) GRAND TOTAL	\$3,258,283.09	
24. MA L NVOICE TO: (Include zip code) Finance Operations and Disbursement Branch (BCEB)				U R ES REGARD NG PA	AYMENT CONTACT:	25B. TELEPHONE N 816-926-7287	10.
299X PO Box 219434 Kansas City, MO 641219434 United States				F CONTRACTING/ORDE	ERING OFFICER(Type)	26B. TELEPHONE NO. (618) 622-5808	
			26C SIGNATI (b) (6)	IRF		100	
	DMINISTRATION		1. PAYING OF	FICE			GSA FORM 300 (REV. 2